Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MEDSTAR HEALTH, INC.

10980 GRANTCHESTER WAY
COLUMBIA, MD 21044

2b Employer Identification Number (EIN)
52-2087445

2c Plan Sponsor's telephone number
410-772-6500

2d Business code (see instructions)
622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	NICHOLAS DEBAGGIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	10668
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1622
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1712
b	Retired or separated participants receiving benefits	**6b**	5681
c	Other retired or separated participants entitled to future benefits	**6c**	3010
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10403
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	660
f	Total. Add lines **6d** and **6e**.	**6f**	11063
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1I 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	601092613
b Actuarial value	**2b**	572842504

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	5762	337833760	337833760
b For terminated vested participants	3059	129333848	129333848
c For active participants	1621	117450075	121208031
d Total	10442	584617683	588375639

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2300345
c Target normal cost	**6c**	2300345

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/06/2026
Date

CRAIG HODGES
Type or print name of actuary

26-06527
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	25625635
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7673792
9	Amount remaining (line 7 minus line 8)	0	17951843
10	Interest on line 9 using prior year's actual return of 9.35 %	0	1678497
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19630340

Part III Funding Percentages

14	Funding target attainment percentage	14	94.02 %
15	Adjusted funding target attainment percentage	15	94.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2300345
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	35163475	4508865
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6809210

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6809210	6809210

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INST. OPERATIONS CO.

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50	NONE	479308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	257856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MEDSTAR HEALTH MASTER TRUST

b Name of sponsor of entity listed in (a): MEDSTAR HEALTH, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2087445-099	M	678531550

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL GOVT SHORT TERM INV FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-068	C	5988435

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2871334	2999617
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19656	24235
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2629135	5988435
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	595730235	678531550
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	601250360	687543837
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	43732	129688
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	43732	129688
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	601206628	687414149

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		208180
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		72277769
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		72485949
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34866652	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34866652
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	479308	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	257856	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1098157	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1835321
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36701973
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		35783976
l Transfers of assets:			
(1) To this plan	2l(1)		50423545
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587156.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-3275867

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 9

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 25.0 % Private Equity: 2.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 56.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.0 % Other: 12.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Financial Statements, Supplemental Schedules and Report of Independent Certified Public Accountants

MedStar Health, Inc.
Pension Equity Plan

December 31, 2025 and 2024

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
Medstar Health, Inc. Pension Equity Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of Medstar Health, Inc. Pension Equity Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion
In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the financial statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor’s responsibilities for the audit of the financial statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other matter - supplemental schedules required by ERISA
The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Grant Thornton LLP

Philadelphia, Pennsylvania
October 14, 2026

MedStar Health, Inc.
Pension Equity Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
ASSETS		
Investments at fair value		
Plan interest in the MedStar Health, Inc. and Affiliates Master Retirement Trust (Note 8)	$ 678,531,550	$ 595,730,235
Short term investment fund	5,989,599	2,629,829
Total investments	684,521,149	598,360,064
Accrued income	24,235	19,656
Deposits	2,998,453	2,870,640
Total assets	687,543,837	601,250,360
LIABILITIES		
Administrative fees payable	129,688	43,732
NET ASSETS AVAILABLE FOR BENEFITS	$ 687,414,149	$ 601,206,628

The accompanying notes are an integral part of these financial statements.

MedStar Health, Inc.
Pension Equity Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2025	2024
Interest	$ 208,180	$ 247,989
Changes in Plan interest in the MedStar Health, Inc and Affiliates Master Retirement Trust (Note 8)	72,277,769	52,016,162
Employer contributions	-	-
Total Additions	72,485,949	52,264,151
Benefits paid directly to participants	34,866,652	34,232,012
Administrative expenses	1,835,321	2,802,058
Total Deductions	36,701,973	37,034,070
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	35,783,976	15,230,081
Transfer of the St. Mary's Hospital of St. Mary's County Pension Plan Assets (Note 1)	50,423,545	-
Net assets available for benefits at beginning of year	601,206,628	585,976,547
Net assets available for benefits at end of year	$ 687,414,149	$ 601,206,628

The accompanying notes are an integral part of these financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the MedStar Health, Inc. Pension Equity Plan (the Plan) is provided for general information only. Participants should refer to the Plan document for more complete information. The Administrator of the Plan is MedStar Health, Inc. (MedStar) Finance Committee.

General

The Plan is a defined benefit single-employer plan that provides retirement and death benefits for eligible employees of the following MedStar tax exempt entities (collectively, the Participating Employers):

- Bay Life Services Corporation
- Church Home and Hospital Health Center, Inc.
- CH&H Medical Services Corporation
- Church Home Corporation
- Church Hospital Corporation
- Church Nursing Center, Inc.
- Good Samaritan Housing, Inc.
- Good Samaritan Nursing Center, Inc.
- MedStar Ambulatory Services, Inc. (Formerly known as Bay Development Corporation)
- MedStar Franklin Square Medical Center
- MedStar Harbor Hospital
- HH MedStar Health, Inc.
- MedStar Health, Inc. (the Plan Sponsor)
- MedStar Good Samaritan Hospital
- MedStar St. Mary's Hospital
- MedStar Union Memorial Hospital
- Union Memorial Hospital Foundation, Inc.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and was amended and restated, effective January 1, 2010, to freeze future benefit accruals.

The Plan document was amended to provide for the merger of the St. Mary's Hospital of St. Mary's County Pension Plan and Trust (St. Mary's Plan) into the Plan, effective as of December 31, 2025. The St. Mary's Plan was previously amended to freeze participation and future accruals under the St. Mary's Plan document.

Pension Benefits

Benefits payable under the Plan are determined based on the applicable formula stated in the Plan document. The minimum benefit for a participant is the greater of the benefit determined under the Plan or the accrued benefit under the applicable predecessor plan.

Employees, who were eligible prior to the Plan being frozen, become 100% vested in their benefit under the Plan after completing three years of credited service.

The normal form of payment is a life annuity for unmarried participants and a joint and 50% survivor annuity for married participants. Certain grandfathered participants may elect to receive either a lump sum amount equal to the eligible value of the prior plan benefit or installments as defined in the Plan document. The Plan also provides for the payment of benefits to named beneficiaries upon the death of a participant.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and the changes in those net assets.

Valuation of Investments and Income Recognition

Investments are reported at fair value. The fair value of the Plan's interest in the MedStar Health, Inc. and Affiliates Master Retirement Trust (MedStar Master Trust) is based on the beginning of the year value of the Plan's interest in the MedStar Master Trust plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses.

Changes in Plan interest in the MedStar Master Trust are reflected in the statements of changes in net assets available for benefits and include interest, dividends, and net appreciation in fair value of MedStar Master Trust investments. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses

The Plan's expenses are paid either by the Plan or MedStar, as provided by the Plan document. Expenses that are paid directly by MedStar are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition,

certain investment related expenses are included in changes in the Plan's interest in the MedStar Master Trust presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service that employees have already rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for all employees are based on the employee's compensation and service to the date for which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an external actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2024, the most recent actuarial valuation date, were (a) a discount rate of 7.25%, (b) retirement age assumptions (rates varying by age for ages 55 to 75), and (c) mortality rates using the Pri-2012 table and projected generationally with a variation of Scale MP-2021 that converges from 2015 to 2027 to a 0.75% long-term rate before grading down after age 85. The prior valuation used the Pri-2012 table and projected generationally with a variation of the Scale MP-2019 that converged from 2015 to 2027 to a 0.75% long term rate before grading down after age 85.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits at December 31, 2024 is summarized as follows:

Vested benefits	
Participants currently receiving benefits	$ 297,366,908
Other participants	196,099,477
	493,466,385
Nonvested benefits	2,858,416
	$ 496,324,801

The changes in the actuarial present value of accumulated plan benefits are as follows for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits at December 31, 2023	$ 496,419,719
Increase (decrease) during the year attributable to:	
Actuarial losses	(1,357,873)
Increase for interest due to decrease in discount period	34,778,519
Benefits paid	(34,232,012)
Assumption changes	716,448
Net decrease	(94,918)
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 496,324,801

Effective December 31, 2025, the St. Mary's Plan merged into the Plan. As a result of the merger, assets and participant obligations of the St. Mary's Plan were transferred to the Plan. Because the actuarial valuation used to measure accumulated plan benefits was performed as of January 1, 2025, the impact of the merger is not reflected in the accumulated plan benefit obligation presented in these financial statements. The merger will increase the Plan's future accumulated plan benefit obligation by approximately $19,900,000 (unaudited).

NOTE 4 - FUNDING POLICY

MedStar has agreed to make contributions to the Plan, which will be sufficient to provide the Plan with assets with which to pay pension benefits. In addition, additional employer contributions may be made each year to improve the funded status of the Plan. The Plan has met or exceeded the minimum funding requirements of ERISA for 2025 and 2024.

On August 8, 2014, the Highway and Transportation Funding Act of 2014 (HATFA) was enacted. The Bipartisan Budget Act of 2015 (BBA), enacted November 2, 2015, extended certain provisions of HATFA. The provisions reduced the minimum required contribution for the 2024 and 2023 plan years. The American Rescue Plan Act of 2021 (ARPA), enacted March 11, 2021, included extension of these provisions and additional measures to further reduce the minimum required contribution starting with the 2021 plan year. MedStar has chosen to fund more than the minimum requirements under the law for the 2025 and 2024 plan years, and may, at its discretion, choose to do so in future years. HATFA, BBA, and ARPA do not affect the present value of accumulated plan benefits.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those

three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

c All other vested benefits not insured by the PBGC.

d All nonvested benefits.

Certain benefits of the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025, that ceiling is $7,432 per month. The ceiling applies to those participants who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For annuitants who are an age other than 65 or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 6 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from The Northern Trust Company (Northern Trust), the trustee of the Plan, as of and for the years ended December 31, 2025 and 2024, respectively, that all information provided by them is complete and accurate. Information as to the value of the Plan's interest in the MedStar Master Trust, short-term investment funds and accrued income reflected on the accompanying statements of net assets available for benefits at December 31, 2025 and 2024, and the schedule of assets (held at end of year) as of December 31, 2024, and the schedule of reportable transactions for the year ended December 31, 2025, as well as the related investment income, including interest and changes in the Plan's interest in the MedStar Master Trust, reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the interest in the MedStar Master Trust investment information included in the accompanying notes to the financial statements is presented in reliance solely upon those certifications, with the exception of the MedStar Master Trust's investments of approximately $325,000,000, and related investment gains of approximately $80,000,000, in certain alternative investments. These investments are held by investment fund managers, who report the net asset values of the MedStar Master Trust's interests to the Plan and trustee on a periodic basis. Information included in the accompanying financial statements related to these investments is based on the net asset values as of December 31, 2025 and 2024.

NOTE 7 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification 820, *Fair Value Measurement*, defines fair value and establishes methods used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification (ASC) 820 are described below:

Level 1 - Quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 - Observable inputs other than quoted prices for the assets either directly or indirectly observable, that reflect assumptions market participants would use to price the asset based on market data obtained from sources independent to the plan.

Level 3 - Unobservable inputs that reflect the Plan's own assumptions about the assumptions market participants would use to price an asset based on best information available in the circumstances.

A financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Investments whose fair value has been estimated using NAV, or equivalent, as a practical expedient are stated separately.

The tables below present the Plan's investments, at fair value, held outside of the MedStar Master Trust as of December 31, 2025 and 2024:

	December 31, 2025 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Short term investment fund					
Short term investment fund	$ 6,012,670	$ 6,012,670	$ -	$ -	$ -
Total	$ 6,012,670	$ 6,012,670	$ -	$ -	$ -

	December 31, 2024 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Short term investment fund					
Short term investment fund	$ 2,648,791	$ 2,648,791	$ -	$ -	$ -
Total	$ 2,648,791	$ 2,648,791	$ -	$ -	$ -

MedStar Master Trust

The tables below present the MedStar Master Trust's assets at fair value including accrued income as of December 31, 2025 and 2024:

	December 31, 2025 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Cash	$ 74,232,081	$ 74,232,081	$ -	$ -	$ -
U.S. treasury bonds	425,987,268	425,987,268	-	-	-
U.S. agency mortgage-backed securities	1,782,889	-	1,782,889	-	-
Corporate bonds	355,685,306	-	355,685,306	-	-
All other fixed income securities	5,270,479	-	5,270,479	-	-
Equity mutual funds and ETFs	16,277,573	16,277,573	-	-	-
Institutional funds with RDFV	199,179,003	-	199,179,003	-	-
Common stocks	59,890,975	59,890,975	-	-	-
Alternative investments:					
Commingled equity funds	71,823,433	-	-	-	71,823,433
Private equity	21,250,587	-	-	-	21,250,587
Hedge funds					
Custom hedge fund	48,175,110	-	-	-	48,175,110
Other hedge funds	123,211,294	-	-	-	123,211,294
Total	$1,402,765,998	$ 576,387,897	$ 561,917,677	$ -	$ 264,460,424

	December 31, 2024 Total	Level 1	Level 2	Level 3	Net Asset Value
Assets					
Cash	$ 64,638,093	$ 64,638,093	$ -	$ -	$ -
U.S. treasury bonds	254,536,170	254,536,170	-	-	-
U.S. agency mortgage-backed securities	1,783,675	-	1,783,675	-	-
Corporate bonds	228,752,232	-	228,752,232	-	-
All other fixed income securities	4,312,628	-	4,312,628	-	-
Equity mutual funds and ETFs	17,846,565	17,846,565	-	-	-
Institutional funds with RDFV	266,986,638	-	266,986,638	-	-
Common stocks	88,555,529	88,555,529	-	-	-
Alternative investments:					
Commingled equity funds	90,357,787	-	-	-	90,357,787
Private equity	22,271,211	-	-	-	22,271,211
Hedge funds					
Custom hedge fund	69,002,896	-	-	-	69,002,896
Other hedge funds	161,282,201	-	-	-	161,282,201
Total	$1,270,325,625	$ 425,576,357	$ 501,835,173	$ -	$ 342,914,095

There were no changes in valuation methodologies used to measure the fair value of the Plan's investments as of and for the years ended December 31, 2025 and 2024.

To protect the funded status of the Plan, a liability-driven investment strategy began in calendar year 2024. The focus of the investment strategy has shifted from generating returns to preserving and enhancing the funded status of the Plan. The investment strategy has transitioned to moving to a greater allocation of fixed income holdings, and a glidepath has been established to increase the fixed income allocation further as the funded status improves.

The objective of commingled equity funds is to achieve capital appreciation primarily through investment in a portfolio of equity and equity-related securities. Redemptions may be made monthly with notice periods up to 30 days.

Investments in commingled equity funds are carried at estimated fair value. Fair value is based on the reported NAV as a practical expedient or its equivalent of the shares in each investment fund. Such investment funds mark to market or mark to fair value the underlying assets and liabilities in accordance with U.S. GAAP. Realized and unrealized gains and losses of the investment funds are included in their

respective operations in the current year. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year.

The following table summarizes redemption terms for the hedge fund of funds vehicles held in the MedStar Master Trust as of December 31, 2025 (actual liquidity may vary subject to underlying investments):

	Fund 1	Custom Hedge Fund 2	Fund 3	Fund 4
Redemption timing				
Redemption frequency	Quarterly	17% Quarterly 83% Greater than Quarterly	42%Quarterly 58% Greater than Quarterly	Quarterly
Required notice	70 days	Within 120 days	Within 65 days	65 days
Audit reserve				
Percentage held back for audit reserve	10%	Up to 10%	Up to 10%	5%

The following table summarizes redemption terms for the hedge fund of funds vehicles held in the MedStar Master Trust as of December 31, 2024 (actual liquidity may vary subject to underlying investments):

	Fund 1	Custom Hedge Fund 2	Fund 3	Fund 4
Redemption timing				
Redemption frequency	Quarterly	25% Quarterly 75% Greater than Quarterly	0%Quarterly 100% Greater than Quarterly	Quarterly
Required notice	70 days	Within 120 days	Within 65 days	65 days
Audit reserve				
Percentage held back for audit reserve	10%	Up to 10%	Up to 10%	5%

The hedge funds include three hedge fund of funds and one custom hedge fund. The custom hedge fund is structured as a multi strategy hedge fund with the Plan as the sole investor. The investment objective and strategies used by the hedge fund of funds and custom hedge fund are similar. The investment objective is to achieve positive absolute returns with low volatility, achieved through investments with multiple underlying managers who are investing across various strategies.

Investments in hedge funds are carried at estimated fair value. Fair value is based on the reported NAV as a practical expedient or its equivalent of the shares in each Investment Company or partnership. The underlying assets are carried in accordance with U.S. generally accepted accounting principles. Realized and unrealized gains and losses of the investment companies and partnerships are included in their respective operations in the current year. Changes in unrealized gains or losses on investments, including those for which partial liquidations were effected in the course of the year, are calculated as the difference between the NAV of the investment at year end less the NAV of the investment at the beginning of the year, as adjusted for contributions and redemptions made during the year.

The Trust had $2,246,300 of remaining unfunded commitments to private equity vehicles as of December 31, 2025. There were no redemptions during the year ended December 31, 2025.

Investments in private equity funds, generally structured as limited partnership interests, are valued at the reported net asset value (NAV) of the underlying funds as a practical expedient for estimating fair value. The underlying funds invest in both marketable and nonmarketable securities and determine fair value in accordance with their established valuation policies. Distributions are generally received as the underlying investments are liquidated, and full realization of the investments may take up to ten years. Because of the inherent uncertainty associated with valuing nonmarketable investments, the estimated fair values may differ materially from the values that would have been used had a readily available market existed. Valuations are generally determined by the General Partner on a quarterly basis.

Private equity funds invest in marketable and nonmarketable securities. The valuation of securities held in private equity funds may include discounts to reflect a lack of liquidity or extraordinary risks, which may be associated with the investment. Determination of fair value is performed on a quarterly basis by the General Partner. Because of the inherent uncertainty of valuation, the determined values may differ significantly from the values that would have been used had a ready market for those investments existed.

Institutional funds with RDFV are commingled equity and fixed income funds, structured similarly to mutual funds, whose fair value is considered to be readily determinable. These funds' shares can be redeemed on any trading day at the relevant NAV per share on that day, as reported by the funds. There are no significant restrictions on redemption or redemption penalties.

MedStar Master Trust investments in publicly traded securities are valued at the closing sales price on the last day of the year. Investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Shares of mutual funds are valued at the NAV of shares held by the MedStar Master Trust at year end. Bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Short-term investments are reported at cost, which approximates market value. Purchases and sales of securities are recorded on a trade date basis.

NOTE 8 - INTEREST IN THE MEDSTAR MASTER TRUST

Substantially all of the Plan's assets are held in the MedStar Master Trust, which was established for the investment of assets of the Plan and one other MedStar-sponsored retirement plan. The assets of the MedStar Master Trust are held by Northern Trust. Each participating plan has an undivided interest in the MedStar Master Trust. At December 31, 2025 and 2024, the Plan's percentage interest in the net assets of the MedStar Master Trust was approximately 48.4% and 46.9%, respectively. Investment income and administrative expenses relating to the MedStar Master Trust are allocated to the individual plans based upon average monthly balances invested by each participating plan. Effective December 31, 2025, the assets of the St. Mary's Plan were transferred into the MedStar Master Trust and are included in the Plan's interest in Master Trust balances in the tables below.

The following table presents the fair value of the investments held in the MedStar Master Trust as of December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash	$ 69,121,337	$ 33,434,690
U.S. government agency notes and bonds	427,770,156	206,916,574
Corporate and other bonds	360,955,786	174,597,815
Common stock	59,890,975	28,969,846
Mutual funds and ETFs	16,277,573	7,873,620
Institutional funds with RDFV	199,179,003	96,344,816
Alternative investments		
Commingled equity funds	71,823,433	34,741,691
Hedge funds and private equity	192,636,991	93,180,381
	1,397,655,254	676,059,433
Accrued income	5,110,744	2,472,117
Total	$ 1,402,765,998	$ 678,531,550

The following table presents the fair value of the investments held in the MedStar Master Trust as of December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Cash	$ 61,395,252	$ 28,791,838
U.S. government agency notes and bonds	256,319,845	120,203,417
Corporate and other bonds	233,064,860	109,297,790
Common stock	88,555,529	41,528,884
Mutual funds and ETFs	17,846,565	8,369,302
Institutional funds with RDFV	266,986,638	125,205,703
Alternative investments		
Commingled equity funds	90,357,787	42,374,069
Hedge funds and private equity	252,556,308	118,438,474
	1,267,082,784	594,209,477
Accrued income	3,242,841	1,520,758
Total	$ 1,270,325,625	$ 595,730,235

The following table presents the total investment income earned by the MedStar Master Trust during the year ended December 31, 2025:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Net appreciation in fair value of investments		
U.S. government agency notes and bonds	$ 5,873,904	$ 2,749,394
Corporate and other bonds	4,714,253	2,206,597
Common stock	10,287,062	4,815,058
Mutual funds and other commingled vehicles	90,592,209	42,403,429
Hedge funds and private equity	27,267,435	12,763,048
Other assets	232,367	108,761
	138,967,230	65,046,287
Interest and dividends	15,449,598	7,231,482
Net investment gain	$ 154,416,828	$ 72,277,769

The following table presents the total investment income earned by the MedStar Master Trust during the year ended December 31, 2024:

	Master Trust Balances	Plan's Interest in Master Trust Balances
Net appreciation in fair value of investments		
U.S. government agency notes and bonds	$ (30,896,066)	$ (14,338,289)
Corporate and other bonds	(17,347,006)	(8,050,423)
Common stock	22,217,234	10,310,605
Mutual funds and other commingled vehicles	90,587,846	42,040,133
Hedge funds and private equity	34,897,662	16,195,355
Other assets	(640,187)	(297,098)
	98,819,483	45,860,283
Interest and dividends	13,264,655	6,155,879
Net investment gain	$ 112,084,138	$ 52,016,162

NOTE 9 - DEPOSITS

Deposits as of December 31, 2025 and 2024 represent prefunding of January 2026 and 2025 benefit payments, respectively.

NOTE 10 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed MedStar by a letter dated August 20, 2021 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). In addition, the Plan Administrator and the Plan's tax counsel believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 11 - TRANSACTIONS WITH RELATED PARTIES AND PARTIES IN INTEREST

The Plan invests in a short-term investment fund managed by Northern Trust, the trustee. In addition, at December 31, 2025 and 2024, Northern Trust managed a short-term investment fund in the MedStar Master Trust and an S&P 500 Index Fund.

Certain costs of administering the Plan are paid by the Plan Sponsor, and such payments qualify as a party in interest transaction.

NOTE 12 - RISKS AND UNCERTAINTIES

The MedStar Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 13 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued and determined that there were no items to disclose.

SUPPLEMENTAL SCHEDULES

MedStar Health, Inc.
Pension Equity Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Northern Trust Corporation	Short term investment fund: NTGI Collective Government Short Term Investment Fund	$ 5,988,435	$ 5,988,435

* Party-in-interest.

Note: The above data has been certified as complete and accurate by Northern Trust Corporation, the trustee of the Plan.

MedStar Health, Inc.
Pension Equity Plan

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Asset on Transaction Date	Net Gain (Loss)
Category iii Series of transactions in excess of 5% of plan assets						
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ 40,123,429	$ -	$ 40,123,429	$ 40,123,429	$ -
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ -	$ 36,764,129	$ 36,764,129	$ 36,764,129	$ -

There were no category i, ii or iv reportable transactions for the year ended December 31, 2025.

Note: The above data has been certified as complete and accurate by The Northern Trust Corporation, the Trustee of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data for Frozen Plans as of January 1, 2025

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben
Under 25																				
25 - 29																				
30 - 34																				
35 - 39			3		3															
40 - 44			9		72	1,160	4													
45 - 49			10		142	1,910	38	3,114	3											
50 - 54	2		25	920	156	2,154	82	4,207	22	7,491	3									
55 - 59			19		110	2,730	95	5,102	43	8,265	39	10,423	6							
60 - 64			10		129	3,155	84	5,551	68	8,053	68	13,806	39	18,529	6					
65 - 69	1		10		69	3,521	51	6,093	38	10,009	40	14,376	22	22,565	7		4			
70 & Over			5		31	9,302	13		11		9		5		8		7			

Plan Name: MedStar Health Inc. Pension Equity Plan
EIN / PN: 52-2087445/001
Plan Sponsor: MedStar Health Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25																				
25 - 29																				
30 - 34																				
35 - 39			3		3															
40 - 44			9		72	18,621	4													
45 - 49			10		142	29,215	38	46,373	3											
50 - 54	2		25	12,710	156	30,425	82	58,287	22	100,605	3									
55 - 59			19		110	35,331	95	64,814	43	102,788	39	127,309	6							
60 - 64			10		129	35,887	84	61,769	68	90,671	68	152,766	39	198,049	6					
65 - 69	1		10		69	34,654	51	58,369	38	97,350	40	142,297	22	217,071	7		4			
70 & Over			5		31	63,149	13		11		9		5		8		7			

Plan Name: MedStar Health Inc. Pension Equity Plan
EIN / PN: 52-2087445/001
Plan Sponsor: MedStar Health Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

MedStar Health, Inc.

EIN/PN

54-2087445/001

Economic Assumptions

Interest rate basis

• Applicable month	September
• Interest rate basis	3-Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.36%	5.32%

Annual rates of increase

• Compensation:	N/A
• Future Social Security wage bases	Social Security benefits are assumed to increase by 3.50%, compounded annually.

Plan-related expenses

The amount included this year for plan-related expenses is $2,300,345. This is assumed to be 0.2% of 1/1/2025 Market Value of Assets (not including receivable contributions) plus the sum of the 2025 PBGC Flat Rate and Variable Rate Premiums (without any discounting adjustment).

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used and are used to determine the PBGC FTAP and the PBGC 4010 FS.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

January 1 or July 1 coincident with or next following the attainment of age 21 and 1 year of service.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality for Plan Funding Purposes

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Same as Healthy Mortality assumption.

Mortality for ASC 960 Reporting Purposes

See Section 2.8.

Termination

Representative Termination Rates not Due to Disability, Retirement or Mortality

Age	Rates
30	13%
35	9%
40	7%
45	7%
50	7%
55	11%
60	11%

Disability

None.

Retirement

Rates varying by age, average age 65.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

SCHEDULE SB ATTACHMENTS

Age	Percentage assumed to retire during the year
55	6.5
56	6.5
57	6.5
58	6.5
59	8.0
60	8.0
61	8.0
62	12.0
63	12.0
64	12.0
65	23.0
66	30.0
67	24.0
68	24.0
69	24.0
70	28.0
71	35.0
72	28.0
73	20.0
74	20.0
75	100.0

Benefit commencement date:

- Preretirement death benefit — Immediately upon the death of the active participant
- Deferred vested benefit — See Form of Payment section below
- Disability benefit — Upon disablement
- Retirement benefit — See Form of Payment section below

Form of payment — 60% of actives are assumed to commence a single life annuity upon retirement or termination and 40% are assumed to elect a 66-2/3% joint and survivor annuity.

SCHEDULE SB ATTACHMENTS

	70% of deferred vesteds are assumed to commence a single life annuity upon retirement and 30% are assumed to elect a 66-2/3% joint and survivor annuity. Active employees assumed to defer their payment and deferred vested participants are assumed to commence their benefit at age 62 if their valuation age is under age 62 or age 65 otherwise. Calculation of annuity: The benefit is converted to an annuity using an interest rate of 5% and the 1983 Group Annuity Mortality Table (unisex).
Percent married	100% of eligible participants are assumed to be married.
Spouse age	Wife two years younger than husband.
At-risk assumptions	For at-risk calculations (when applicable), all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the single life annuity form of payment.
Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
PBGC Premium Funding Target	The Standard Premium Funding Target was determined using the assumptions described above.

SCHEDULE SB ATTACHMENTS

Asset Method

The market value of assets, including discounted receivables, on the valuation date, adjusted for 2/3 of the prior year's investment gains (losses) and 1/3 of the second prior year's investment gains (losses). Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with MedStar Health, Inc. regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor, through its third party administrator Fidelity, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

Plan Name:	MedStar Health Inc. Pension Equity Plan
EIN / PN:	52-2087445/001
Plan Sponsor:	MedStar Health Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

- The participating population was refined from the data provided by Fidelity on February 23, 2025 (Active & Inactive) and through the “Include/Exclude” question process. Feedback on this process was provided by Fidelity on March 13, 2025.

- One round of data questions were provided to Fidelity based on inconsistent data changes or out of range information. Responses to these data questions were provided by Fidelity on April 3, 2025. Additional miscellaneous data answers received from Fidelity and MedStar throughout the valuation as part of additional validation of the census data.

- Please refer to our valuation data summary letter delivered on June 17, 2025 and approved by MedStar on June 18, 2025 for details on specific assumptions made for missing and apparently inconsistent data elements.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Docusign Envelope ID: F1CB4096-CBCE-8D4C-8397-44B693DC198D

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

MEDSTAR HEALTH, INC.

10980 GRANTCHESTER WAY

COLUMBIA MD 21044

2b Employer Identification Number (EIN) 52-2087445

2c Plan Sponsor's telephone number 410-772-6500

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Nicholas Debaggis	10/14/2026	NICHOLAS DEBAGGIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Docusign Envelope ID: F1CB4096-CBCE-8D4C-8397-44B693DC198D

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	10,668
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1,622
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,712
b	Retired or separated participants receiving benefits	**6b**	5,681
c	Other retired or separated participants entitled to future benefits	**6c**	3,010
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10,403
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	660
f	Total. Add lines **6d** and **6e**.	**6f**	11,063
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1I 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Docusign Envelope ID: F1CB4096-CBCE-8D4C-8397-44B693DC198D

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

MedStar Health, Inc.
Pension Equity Plan

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Asset on Transaction Date	Net Gain (Loss)
Category iii Series of transactions in excess of 5% of plan assets						
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ 40,123,429	$ -	$ 40,123,429	$ 40,123,429	$ -
The Northern Trust Corporation	NTGI Collective Government Short Term Investment Fund	$ -	$ 36,764,129	$ 36,764,129	$ 36,764,129	$ -

There were no category i, ii or iv reportable transactions for the year ended December 31, 2025.

Note: The above data has been certified as complete and accurate by The Northern Trust Corporation, the Trustee of the Plan.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MEDSTAR HEALTH, INC. PENSION EQUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEDSTAR HEALTH, INC.

D Employer Identification Number (EIN)
52-2087445

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	601,092,613
b Actuarial value	**2b**	572,842,504

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	5,762	337,833,760	337,833,760
b For terminated vested participants	3,059	129,333,848	129,333,848
c For active participants	1,621	117,450,075	121,208,031
d Total	10,442	584,617,683	588,375,639

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,300,345
c Target normal cost	**6c**	2,300,345

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

CDH
Signature of actuary

10/6/2026
Date

Craig Hodges
Type or print name of actuary

2606527
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	25,625,635
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,673,792
9	Amount remaining (line 7 minus line 8)	0	17,951,843
10	Interest on line 9 using prior year's actual return of 9.35%	0	1,678,497
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19,630,340

Part III Funding Percentages

14	Funding target attainment percentage	14	94.02 %
15	Adjusted funding target attainment percentage	15	94.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,300,345
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	35,163,475	4,508,865
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6,809,210

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6,809,210	6,809,210

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	MedStar Health Inc. Pension Equity Plan
EIN / PN:	52-2087445/001
Plan Sponsor:	MedStar Health Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	952,516	1,466,632	33,343,783	35,762,931
2026	2,570,971	6,594,618	32,558,282	41,723,871
2027	3,855,186	5,143,242	31,711,004	40,709,432
2028	4,981,237	6,278,458	30,831,574	42,091,269
2029	5,976,915	6,901,374	29,914,061	42,792,350
2030	6,876,752	7,423,095	28,948,024	43,247,871
2031	7,656,616	7,925,121	27,931,098	43,512,835
2032	8,304,125	8,438,961	26,867,414	43,610,500
2033	8,846,932	8,965,254	25,757,553	43,569,739
2034	9,319,167	9,394,035	24,609,285	43,322,487
2035	9,721,593	9,654,257	23,423,832	42,799,682
2036	10,039,101	9,827,938	22,199,810	42,066,849
2037	10,278,056	9,964,528	20,945,147	41,187,731
2038	10,464,552	10,085,250	19,665,811	40,215,613
2039	10,585,711	10,179,009	18,369,667	39,134,387
2040	10,637,391	10,221,430	17,064,391	37,923,212
2041	10,619,409	10,195,396	15,758,774	36,573,579
2042	10,539,830	10,167,118	14,461,160	35,168,108
2043	10,392,622	10,113,607	13,180,829	33,687,058
2044	10,187,426	9,996,692	11,927,234	32,111,352
2045	9,938,452	9,816,203	10,709,915	30,464,570
2046	9,637,959	9,575,426	9,538,399	28,751,784
2047	9,289,194	9,296,803	8,421,972	27,007,969
2048	8,905,078	8,982,532	7,369,406	25,257,016
2049	8,490,307	8,640,764	6,388,527	23,519,598
2050	8,051,319	8,278,162	5,485,780	21,815,261
2051	7,597,097	7,896,394	4,665,829	20,159,320
2052	7,130,526	7,496,461	3,931,189	18,558,176
2053	6,656,861	7,080,800	3,282,195	17,019,856
2054	6,181,373	6,653,419	2,717,058	15,551,850
2055	5,708,479	6,218,126	2,232,061	14,158,666
2056	5,242,430	5,779,117	1,821,884	12,843,431
2057	4,788,267	5,340,738	1,479,975	11,608,980
2058	4,350,243	4,907,293	1,198,991	10,456,527
2059	3,930,948	4,482,845	971,218	9,385,011
2060	3,532,893	4,071,092	788,929	8,392,914
2061	3,158,117	3,675,337	644,690	7,478,144
2062	2,807,884	3,298,395	531,606	6,637,885
2063	2,482,854	2,942,542	443,505	5,868,901
2064	2,183,265	2,609,468	375,035	5,167,768
2065	1,908,875	2,300,240	321,696	4,530,811
2066	1,659,087	2,015,343	279,818	3,954,248
2067	1,433,020	1,754,783	246,490	3,434,293
2068	1,229,606	1,518,139	219,466	2,967,211
2069	1,047,660	1,304,636	197,059	2,549,355
2070	885,931	1,113,249	178,025	2,177,205
2071	743,119	942,792	161,465	1,847,376
2072	617,912	792,014	146,745	1,556,671
2073	509,002	659,617	133,431	1,302,050
2074	415,097	544,281	121,240	1,080,618

Plan Name: MedStar Health Inc. Pension Equity Plan
EIN / PN: 52-2087445/001
Plan Sponsor: MedStar Health Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

MedStar Health, Inc.

Plan

Pension Equity Plan

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1997. The plan document was most recently restated effective January 1, 2021.

Plan Year

The Plan Year is the calendar year.

Employee Eligibility Requirements

All employees who work at least 1,000 hours in a 12-month period are eligible.

Employee Contributions

None.

Employer Contributions

The Company pays the cost of the plan.

Accrued Benefits

The amount of monthly pension is equal to the sum of (i), (ii), (iii), (iv) and (v) converted to an annuity at 5%, using the 1983 Group Annuity Mortality Table (unisex).

(i) A percentage of Final Average Compensation equal to the total of the percentages below:

For participants who terminate after June 30, 1999:

For Each Year of Service	Percentage
0 to 5	3%
6 to 10	4%
11 to 15	5%
16 to 25	6%
26 to 30	8%
31 to 35	11%
36 and above	13%

SCHEDULE SB ATTACHMENTS

For participants who terminated before July 1, 1999:

For Each Year of Service	Percentage
0 to 5	3%
6 to 10	4%
11 to 15	5%
16 and above	6%

(ii) 3% of Final Average Compensation in excess of Covered Compensation times Years of Service.

(iii) The percentage in Exhibit C of the plan for identified participants times Final Average Compensation times Years of Service.

(iv) Employer matching contributions credited through June 30, 1997 with 5% interest per year for participants of the Helix Health Retirement and Savings Plan or the Church Hospital Corporation Pension Plan as of June 30, 1997.

(iii) Effective January 1, 2002 (for Participants with an Hour of Service on or after January 1, 2002), Participants who are Registered Nurses or Licensed Practical Nurses with ten years of service or more are entitled to the following additional benefit:

(a) A Registered Nurse (RN) shall have an additional amount for each Plan Year in which a Year of Service is completed as a RN equal to $100 times Years of Service (maximum 25 years) completed. The first Plan Year that a Participant may be eligible to be credited with this benefit is the 2001 Plan Year.

(b) A Licensed Practical Nurse (LPN) shall have an additional amount for each Plan Year in which a Year of Service (maximum 25 years) is completed as an LPN equal to $75 times Years of Service (maximum 25 years) completed. The first Plan Year that a Participant may be eligible to be credited with this benefit is the 2001 Plan Year.

No years of service will be credited after December 31, 2009.

The amounts noted in (i), (ii), (iii) and (iv), but not (v), above will be increased with 5% interest per year to Normal Retirement Date.

In no event can the accrued benefit decrease compared to the benefit in a prior year (Prior Year Minimum) nor can it be less than the projected benefit at Normal Retirement Age multiplied by a fraction equal to benefit service at the date of determination divided by projected benefit service at Normal Retirement Age, with both the numerator and denominator of the fraction reflecting the plan freeze as of December 31, 2009 (Fractional Rule Minimum).

Final Average Compensation is the average of Compensation during the five highest consecutive Plan Years of Service out of the ten most recent Plan Years, not later than December 31, 2009. If the employee has fewer than five consecutive Plan Years of Service, it is the average of Compensation over the period of service.

Plan Name:	MedStar Health Inc. Pension Equity Plan
EIN / PN:	52-2087445/001
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Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Compensation is the sum of taxable W-2 pay, elective deferrals under sections 125, 402I(3), 402(h)(1)(b), or 403(b), section 457(b) deferred compensation deferrals, section 414(h)(2) "pick-up" contributions, and section 132(f) contributions. Compensation in excess of $245,000 (for 2010, as indexed by law) is not taken into account. Compensation earned after December 31, 2009 will not be reflected.

Pension Formula, Conditions for Obtaining Benefit

a. Normal Retirement:

1. Conditions - The normal retirement date is the first day of the month coincident with or next following the date the employee reaches the later of age 65 or the completion of 3 years of vesting service.

2. Amount of Pension - The accrued benefit, or actuarially equivalent benefit.

b. Early Retirement:

1. Conditions - Attainment of age 55 and completion of 5 years of vesting service.

2. Amount of Pensions - The accrued normal retirement benefit actuarially reduced for early commencement if payment commences immediately. If payment is deferred until Normal Retirement Date or later, the benefit is unreduced.

c. Vested Deferred Benefit:

1. Vesting Schedule - A participant is vested upon the completion of 3 Years of Service.

2. Amount of Pension - The vested portion of the accrued normal retirement benefit as of the date of termination.

d. Late Retirement:

1. Conditions - Termination from active service after Normal Retirement Date

2. Amount of Pension - The amounts noted in in (i), (ii), (iii) and (iv), but not (v), in the Accrued Benefit above will continue to increase with 5% interest. per year from Normal Retirement Date to Late Retirement Date.

Types of Benefits

a. Normal: The normal form of payment for a single participant is the life annuity. The normal form of payment for married participants is a reduced joint & 50% survivor annuity.

b. Options: (i) Single Life Annuity.

SCHEDULE SB ATTACHMENTS

(ii) Life annuity with 5, 10 or 15 years certain.

(iii) 50%, 66⅔%, 75%, or 100% joint and survivor option. The beneficiary could be someone other than the spouse.

Death Benefits

a. Before Retirement: If the employee is vested in his accrued benefit, the beneficiary will receive an immediate annuity based on the age of the beneficiary.

b. After Retirement: Only in accordance with the terms of an elected option.

Prior Plan Benefits Minimum benefits apply based on participation and service in prior plans.

A lump sum option is available with respect to certain of these benefits. To the extent the lump sum is elected, any remaining benefit is payable under the forms of payment outlined above.

MedStar Health, Inc.
Pension Equity Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Northern Trust Corporation	Short term investment fund: NTGI Collective Government Short Term Investment Fund	$ 5,988,435	$ 5,988,435

* Party-in-interest.

Note: The above data has been certified as complete and accurate by Northern Trust Corporation, the trustee of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	(401,817)	15.00000	(401,817)	(37,466)
Shortfall	01/01/2024	6,383,499	14.00000	5,947,296	580,773
Shortfall	01/01/2023	22,673,756	13.00000	20,203,995	2,076,479
Shortfall	01/01/2022	(33,112,540)	12.00000	(28,128,695)	(3,059,978)
Shortfall	01/01/2021	(39,582,333)	11.00000	(31,837,729)	(3,690,719)
Shortfall	01/01/2020	94,167,074	10.00000	69,380,425	8,639,776
Total				35,163,475	4,508,865

Plan Name: MedStar Health Inc. Pension Equity Plan
EIN / PN: 52-2087445/001
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